990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

Fo	r calen	idar year 2020 or tax year beginning 11/	1/2020	, and	ending	10/31/202	1
	ne of fou				A Employer	identification number	
		GARDEN SOUP SOCIETY					
Nur	nber and	street (or P.O. box number if mail is not delivered to street address)	Ro	om/suite		23-2838394	
-		GLAS E. COOK	PO	BOX 397	B Telephone	number (see instructio	ns)
City	or town	, state or province, country, and ZIP or foreign postal code					
DR	EXEL	HILL PA	19026-0	397		(610) 284-994	14
For	eign cou	ntry name Foreign province/state/county	Foreign po	stal code	C If exempti	on application is pendir	g, check here 🕨 🗌
					, Also	Annual Marie Control	
G	Check	call that apply: Initial return Initial return c	of a former public	charity	D 1. Foreign	organizations, check h	nere 🕨 🗌
		Final return Amended ret	urn		2. Foreign	organizations meeting	the 85% test,
		☐ Address change ☐ Name change			4989	nere and attach comput	
H		type of organization: Section 501(c)(3) exempt private type of organization:				oundation status was to 7(b)(1)(A), check here	
	Sectio	on 4947(a)(1) nonexempt charitable trust		dation	SCORE! OU	Ally)(1)(/A), CHOCK HOLE	
1	Fair m	parket value of all assets at J Accounting method:	X Cash □	Accrual	E If the foun	dation is in a 60-month	termination
	end of	f year (from Part II, col. (c), Other (specify)				tion 507(b)(1)(B), check	
	line 16	5) > \$ 1,367,608 (Part I, column (d), must be	e on cash basis.)	A			
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	Par			(d) Disbursements
Separate Sep		amounts in columns (b), (c), and (d) may not necessarily	expenses per		t investment	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (see instructions).)	books	A STATE OF THE PARTY OF THE PAR	icon ie	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	8 23	4			
	2	Check ▶☐ if the foundation is not required to attach Sch. B		6			
	3	Interest on savings and temporary cash investments	4 1	ь			
9	4	Dividends and interest from securities	32,44	2	32,442		
	5a	Gross rents	A				
	b	Net rental income or (loss)	S //				
	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	b	Gross sales price for all assets on line 6a					
N.	7	Capital gain net income (from Part IV, line 2)					
8	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	40,67	6	32,442	C	
65	13	Compensation of officers, directors, trustees, etc			***************************************	***	
benses	14	Other employee salaries and wages	Andrewski was and an annual state of the sta		And an extension of the second		
ě	15	Pension plans, employee benefits					
X	16a	Legal fees (attach schedule)					
0	b	Accounting fees (attach schedule)					
₽	С	Other professional fees (attach schedule)					
Ę	17	Interest			***************************************		
Si	18	Taxes (attach schedule) (see instructions)				***	
=	19	Depreciation (attach schedule) and depletion			A		
D	20	Occupancy				man of extratorious contents of the transfer o	
P	21	Travel, conferences, and meetings					
Operating and Administrative Ex	23	Other expenses (attach schedule)	1,86	39			
D	24	Total operating and administrative expenses.		N 747.5	34 1. 18		A MARKATAN AND AND AND AND AND AND AND AND AND A
at		Add lines 13 through 23	1,86	89	0	C	0
ē	25	Contributions, gifts, grants paid	58,47				58,470
Ö	26	Total expenses and disbursements. Add lines 24 and 25	60,33		0	C	
	27	Subtract line 26 from line 12:					
	a	Excess of revenue over expenses and disbursements	-19,66	33		250000000000000000000000000000000000000	
	b	Net investment income (if negative, enter -0-)	100		32,442		
	C	Adjusted net income (if negative, enter -0-)				C	

P	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	8,580	6,474	6,474
	2	Savings and temporary cash investments	61,345	43,788	43,788
	3	Accounts receivable	CONTROL CONTRO		
		Less: allowance for doubtful accounts			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts	- Control control control control comments and characters (and		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)		1	
	7				
	'				
S	8				
ě		Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
-	10a	Investments—U.S. and state government obligations (attach schedule)	- American		
	b	Investments—corporate stock (attach schedule)		1	
	C	Investments—corporate bonds (attach schedule)		4'	
	11	Investments—land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)	<u> </u>		
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	649,086	648,333	1,317,346
	14	Land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers—see the	N. W. Commission		
		instructions. Also, see page 1, item l)	719,011	698,595	1,367,608
	17	Accounts payable and accrued expenses	¥		
w	18	Grants payable			
tie	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
4	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe Uncashed check to grantee)	1,250	1,250	
	23	Total liabilities (add lines 17 through 22)	1,250	1,250	
Balances		Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30			
2	24	Net assets without donor restrictions			
Ta	25				
	25				
Net Assets or Fund		Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.			
ō	26	Capital stock, trust principal, or current funds			
10	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
se	28	Retained earnings, accumulated income, endowment, or other funds	717,761	697,345	
AS	29	Total net assets or fund balances (see instructions)	717,761	697,345	
ot o	30	Total liabilities and net assets/fund balances (see			
ž		instructions)	719,011	698,595	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
1	Total	net assets or fund balances at beginning of year-Part II, column (a)	line 29 (must agree	with	The second of the second secon
4.1	end-c	of-year figure reported on prior year's return)		1	717,761
2		amount from Part I, line 27a			-19,663
3		r increases not included in line 2 (itemize)		3	
4		ines 1, 2, and 3		4	698,098
5		eases not included in line 2 (itemize) VANGUARD - REIT - ROI		5	753
6	Iotal	net assets or fund balances at end of year (line 4 minus line 5)—Part	II, column (b), line 29	BARNATA NY INDRINDRA NA BARNATANA AMIN'NY DIA MANDRA NA BARNATANA NA BARNATANA NA BARNATANA NA BARNATANA NA BA	697,345
					Form 990-PF (2020)

Part	a) List and describe the	kind(s) of property sold (for example, real est ouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a						
b						
С						
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		ain or (loss) (f) minus (g))
а						
b					A Allen	
С						
d						
е						
	Complete only for assets s	showing gain in column (h) and owned	by the foundation	on 12/31/69	(I) Gains (C	ol. (h) gain minus
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces over col.	ss of col. (i) . (j), if any	col. (k), but n	ot less than -0-) or (from col. (h))
а				No. of the second		
b				<u> </u>		
С						
d						
е						
2	Capital gain net income of	or (net capital loss) { If gain, If (loss)	also enter in Par , enter 0- in Par	rt I, line 7	2	0
3	If gain, also enter in Part	in or (loss) as defined in sections 1 I, line 8, column (c). See instructio	222(5) and (6): ns. If (loss), ente	er -0- in }	3	
Daws	Part I, line 8	der Section 4940(e) for Redu	Lord Toy on N			0
Part		CTION 4940(e) REPEALED ON DE				
4	Reserved	TION 4940(6) REFEALED ON DE	CEMBER 20, 20	019-001010	OMPLETE.	
1	(a)		1			(d)
	Reserved	(b) Reserved		(c) Reserved		Reserved
	Reserved					
	Reserved					
	Reserved					
	Reserved					
	Reserved	A Total P				
2	Reserved				. 2	
3	Reserved				. 3	
4	Reserved	()			. 4	
5	Reserved				. 5	
6	Reserved				. 6	
7	Reserved				. 7	
8	Reserved				. 8	Form 990-PF (2020)

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948—see instructions)	HATTON APPROPRIATE SELECTION OF	-	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
b		1		451
С	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2		2		0
3	A LL P. LL A	3		451
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			401
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			451
6	Credits/Payments:	,		
а	2020 estimated tax payments and 2019 overpayment credited to 2020 6a 910			
b	Exempt foreign organizations—tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868) 6c	4		
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d	7		910
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	3		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed)		0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 1	0		459
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax	1		459
	VII-A Statements Regarding Activities			***************************************
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Ye	THE REAL PROPERTY AND ADDRESS OF THE PERSONS ASSESSED.
	participate or intervene in any political campaign?	. 1	a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	. 1	b	<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
_	published or distributed by the foundation in connection with the activities.			
c d	Did the foundation file Form 1120-POL for this year?	1	C	X
u	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. > \$			1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	•	X
	If "Yes," attach a detailed description of the activities.		•	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
4	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	+ ~
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-		\ X
3	If "Yes," attach the statement required by General Instruction T.	.	,	+^-
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
•	By language in the governing instrument, or			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that 			
	conflict with the state law remain in the governing instrument?	6	X	568 455525865.55
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7		+
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	PA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	. 81	b ×	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
	or 4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If			
	"Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses		0	<u> X</u>

Part	t VII-A Statements Regarding Activities (continued)			-	age U
				Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the				
12	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.		11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions.				
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		12	<u></u>	X
	Website address http://springgardensoupsociety.home.att.net		13	X	L
14	The beats are in acre of the Manualla I O'll W	(215) 864	1-628		,-,
	Located at A 4000 Liberty Disco- Districted in Da	19103-73			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here				> [
40	and enter the amount of tax-exempt interest received or accrued during the year	5			-
16	At any time during calendar year 2020, did the foundation have an interest in or a signature or other author over a bank, securities, or other financial account in a foreign country?	ty		Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the	489	16		X
and the first of	name of the foreign country				
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year, did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	G7			
	disqualified person? Yes (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes	X No			
		X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	△ NO			
		X No	0/0		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the				
	foundation agreed to make a grant to or to employ the official for a period after				
		X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions.				
	Organizations relying on a current notice regarding disaster assistance, check here	•	1b	N/A	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that				
	were not corrected before the first day of the tax year beginning in 2020?		1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private				
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):				
а	At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020?	[V]			
	6d and 6e) for tax year(s) beginning before 2020?	X No			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)				
1	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	to			
	all years listed, answer "No" and attach statement—see instructions.)	. [2b	N/A	esecusy and in
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
2-	▶ 20 , 20 , 20 , 20 Did the 6 of the first term				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	X No			
b	If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or	NO		1	
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			,	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse				
	of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the				
	foundation had excess business holdings in 2020.)			N/A	
	Did the foundation livest during the year any amount in a marrier that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		4a		<u> </u>
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?		4b	PARKSHARI	Χ
		C	000	PF	2000)

Part	VII-B Statements Regarding Activities	for Wh	nich Form	4720 N	lay Be Re	quire	(contin	rued)	-		
5a	During the year, did the foundation pay or incur an							[Yes	No
	(1) Carry on propaganda, or otherwise attempt to		다른 아이들이 되었다.				Yes	X No			
	(2) Influence the outcome of any specific public ele- directly or indirectly, any voter registration drive		ee section 49	955); or 	to carry on		Yes	X No			
	(3) Provide a grant to an individual for travel, study	y, or othe	er similar pur	ooses?			Yes	X No			
	(4) Provide a grant to an organization other than a section 4945(d)(4)(A)? See instructions		ole, etc., orga			in 	Yes	X No			
	(5) Provide for any purpose other than religious, coupurposes, or for the prevention of cruelty to chi			terary, c	or education	al , ,	Yes	X No			
b		is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in ection 53.4945 or in a current notice regarding disaster assistance? See instructions.						5b	N/A		
С	Organizations relying on a current notice regarding disaster assistance, check here If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?										
6a	If "Yes," attach the statement required by Regulation Did the foundation, during the year, receive any fully on a personal benefit contract?	nds, dire			pay premiur	ns	Yes	X No			
b	Did the foundation, during the year, pay premiums If "Yes" to 6b, file Form 8870.	, directly	or indirectly,	on a p	ersonal ben	efit con	tract? .		6b		X
7a b	At any time during the tax year, was the foundation a policy life "Yes," did the foundation receive any proceeds of	arty to a por have a	prohibited tax s	shelter ti ne attrib	ransaction? utable to th	 e transa	Yes action?	X No	7b	N/A	
8	Is the foundation subject to the section 4960 tax o remuneration or excess parachute payment(s) dur	ring the	year? . 🏒 🏋 🦼	and the same			☐ Yes				
Part	VIII Information About Officers, Direct	ors, Tr	ustees, Fo	undati	on Manag	jers, F	lighly P	aid En	ploye	es,	
	and Contractors		at the	Ell .					-		
1	List all officers, directors, trustees, and founda	tion ma	nagers and	their co	mpensatio	n. See	Instructi	ons.			
	(a) Name and address		and average						/-> /		
		hou devot	e, and average rs per week ed to position	(c) Co (If i	mpensation not paid, nter -0-)	(d) emple	Contribution byee benefit erred comp	ns to plans		ense ac allowan	
	ttached list	hou	rs per week ed to position S	(c) Co (If i	mpensation not paid,	(d) emple	Contribution yee benefit	ns to plans			
		hou devot	rs per week ed to position	(c) Co (If i	mpensation not paid,	(d) emple	Contribution yee benefit	ns to plans			
	ttached list	hou devot	rs per week ed to position S	(c) Co (If i	mpensation not paid,	(d) emple	Contribution yee benefit	ns to plans			
	ttached list	hou devot	rs per week ed to position S	(c) Co (If i	mpensation not paid,	(d) emple	Contribution yee benefit	ns to plans			
	ttached list s Various, PA 19000	hou devot Various	rs per week ed to position \$ 1.00	(c) Co (If i er	mpensation not paid, iter -0-)	(d) empl and def	Contribution	ns to	other	allowan	
	ttached list	hou devot Various	rs per week ed to position \$ 1.00	(c) Co (If i er	mpensation not paid, iter -0-)	(d) empl and def	Contribution composition of the	ns to plans ensation	other	allowan	
Vaiou	ttached list s Various, PA 19000 Compensation of five highest-paid employees	hou devot Various (other ti	rs per week ed to position \$ 1.00	cluded	mpensation not paid, iter -0-)	(d) emple and def	Contribution	s to plans ensation S). If no putions to be benefit deferred	ne, en	allowan	count,
Vaiou	ttached list s Various, PA 19000 Compensation of five highest-paid employees "NONE." (a) Name and address of each employee paid more than \$50,00	hou devot Various (other ti	han those in	cluded	on line 1	(d) emple and def	contribution composition of the	s to plans ensation S). If no putions to be benefit deferred	ne, en	allowan	count,
Vaiou 2	ttached list s Various, PA 19000 Compensation of five highest-paid employees "NONE." (a) Name and address of each employee paid more than \$50,00	hou devot Various (other ti	han those in	cluded	on line 1	(d) emple and def	contribution composition of the	s to plans ensation S). If no putions to be benefit deferred	ne, en	allowan	count,
Vaiou 2	ttached list s Various, PA 19000 Compensation of five highest-paid employees "NONE." (a) Name and address of each employee paid more than \$50,00	hou devot Various (other ti	han those in	cluded	on line 1	(d) emple and def	contribution composition of the	s to plans ensation S). If no putions to be benefit deferred	ne, en	allowan	count,
Vaiou 2	ttached list s Various, PA 19000 Compensation of five highest-paid employees "NONE." (a) Name and address of each employee paid more than \$50,00	hou devot Various (other ti	han those in	cluded	on line 1	(d) emple and def	contribution composition of the	s to plans ensation S). If no putions to be benefit deferred	ne, en	allowan	count,

and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NC	NE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	- 0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	
organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 None	
	-
	3
2	
	-
3	_
	_
4	-
	- j
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 None	-
	-
2	
2	-
	-
All other program-related investments. See instructions.	
3	-
	-
Total. Add lines 1 through 3	. 0
	Form 990-PF (2020)

Par	X Minimum Investment Return (All domestic foundations much associations	23-283	8394 Page 8
	see instructions.)	gn founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	T	
	purposes.		
а	Average of monthly fair market value of securities	4-	4.000.000
b	Average of monthly cash balances	1a 1b	1,252,620
C	direct value of all other assets (see instructions)	1c	65,436
d	rotal (add lines 1a, b, and c)	1d	4.040.050
е	reduction claimed for blockage of other factors reported on lines 1a and	10	1,318,056
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	•
3	Subtract line 2 from line 1d		4 240 050
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see	-	1,318,056
	instructions)	. 4	19,771
5	ret value of Hononaritable-use assets. Subtract line 4 from line 3. Enter here and an Dark Latin	5	1,298,285
6	millimum investment return. Enter 5% of line 5		64,914
Part	All Colors of the color of the	ons	04,014
_	and do not complete this part)		
1	Wilding investment return from Part X, line 6	1	64,914
2a b	Tax on investment income for 2020 from Part VI, line 5	1	
C	Add lines 2s and 2b.		
3	Distributable amount hafara a live to a second by	2c	451
4	Income tax for 2020. (This does not include the tax from Part VI.) Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions Add lines 3 and 4 Deduction from distributable amount (see instructions)	3	64,463
5	Add lines 3 and 4	4	
6	Add lines 3 and 4 Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part VIII.	5	64,463
7	Distributable amount as adjusted. Subtract line & form time &	6	
	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		
Part	line 1 Cualifying Distributions (see instructions)	7	64,463
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	To a second	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26		
b	Program-related investments—total from Part IX4B	1a	58,470
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1b	***
	purposes		
3	Amounts set aside for specific charitable projects that satisfy the:	2	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V. line 8: and Part XIII. line 4	4	59.470
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	-	58,470
	Enter 1% of Part I, line 27b. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	58,470
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating what	her the four	ndation
	qualifies for the section 4940(e) reduction of tax in those years		radii011

Part	Undistributed income (see instructions	2		-	
	and the state of t	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1	Distributable amount for 2020 from Part XI, line 7				64,463
2	Undistributed income, if any, as of the end of 2020:				
a	Enter amount for 2019 only			4,642	
b	Total for prior years: 20, 20, 20			7,012	
3	Excess distributions carryover, if any, to 2020:				
а	From 2015				
				A	
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2020 from Part XII,		1000		
	line 4: ▶ \$ 58,470				
a	Applied to 2019, but not more than line 2a			4,642	
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
C	Treated as distributions out of corpus (Election				
	required—see instructions)				
d	Applied to 2020 distributable amount		40		53,828
е	Remaining amount distributed out of corpus	- 1			
5	Excess distributions carryover applied to 2020				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b		/ ·			
	line 4b from line 2b	()	0		
С	Enter the amount of prior years' undistributed				
•	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)	•			
	tax has been previously assessed				
d					
u	amount—see instructions				
е	Undistributed income for 2019. Subtract line				
e	4a from line 2a. Taxable amount—see				
	instructions				
f	Undistributed income for 2020. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2021				10,635
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2015 not				Manageral Switzer
· ·	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2021.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
а	이 12의 11일이 많아요. () 살아가면 살아보는데 그는 그는 그는 그리고 하는데 그는 사이를 하는데 되는데 사기를 받아 있다.	a.			
b	Excess from 2017				
C	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Part	XIV Private Operating Foundati	ons (see instruc	tions and Part V	/II-A, question 9)	N/A
1a	9					
	foundation, and the ruling is effective for					
b	Check box to indicate whether the foundation	n is a private operat	ing foundation descr	ibed in section	4942(j)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(a) Total
	income from Part I or the minimum investment return from Part X for	(a) 2020	(b) 2019	(c) 2018	(d) 2017	(e) Total
	each year listed					0
b	85% of line 2a					0
С	Qualifying distributions from Part XII, line 4, for each year listed					0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c			4		0
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3					and the second section of the second
	of minimum investment return shown in					
	Part X, line 6, for each year listed		* *			0
С	"Support" alternative test—enter:					
	 (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public 					0
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)	. (0
	(3) Largest amount of support from					
	an exempt organization					0
	(4) Gross investment income				1	. 0
Part	XV Supplementary Information any time during the year—s			e foundation h	ad \$5,000 or mor	e in assets at
1	Information Regarding Foundation Ma		2.1	tradicional description of the control of the contr		
a	List any managers of the foundation who before the close of any tax year (but only	have contributed				oundation
b	List any managers of the foundation who ownership of a partnership or other entity					of the
2	Information Regarding Contribution, C Check here ► X if the foundation onl unsolicited requests for funds. If the four conditions, complete items 2a, b, c, and	y makes contributi ndation makes gifts	ions to preselected s, grants, etc., to in	I charitable organi	zations and does no nizations under other	t accept
а	The name, address, and telephone num	ber or email addre	ess of the person to	whom application	ns should be address	sed:
b	The form in which applications should be	e submitted and in	formation and mate	erials they should	include:	
С	Any submission deadlines:					
d	Any restrictions or limitations on awards	such as by geogr	aphical areas, cha	ritable fields, kind	s of institutions, or ot	her
	factors:					

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to any foundation manager or substantial contributor Purpose of grant or status of recipient Amount contribution Name and address (home or business) a Paid during the year See attached list Various PC Various 58,470 **Various** Philadelphia, PA 19100 3a 58,470 b Approved for future payment Total

Par	XVI-A Analysis of Income-Producing Ac	tivities		Operation of the Confession of	2020	30394 Page 1
Ente	gross amounts unless otherwise indicated.		siness income	Excluded by sect	ion 512, 513, or 514	T
1	Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
	a					
	b					
	C					
	d					CONTRACTOR OF STATE O
	Fees and contracts from government agencies		10 Manual -	4		
	Membership dues and assessments		***************************************	- 4		
4	Dividends and interest from securities				***	
	Net rental income or (loss) from real estate:			144	32,442	
	Debt-financed property					
	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income		4	14		
	Gain or (loss) from sales of assets other than inventory			18		
9	Net income or (loss) from special events					****
10	Gross profit or (loss) from sales of inventory			400		
11	Other revenue: a		4			
		4				
		A A				
	Subtotal. Add columns (b), (d), and (e)					
13	fotal. Add line 12, columns (b), (d), and (e)		0	State State	32,442	00.110
	vorksheet in line 13 instructions to verify calculations.				13	32,442
	XVI-B Relationship of Activities to the A		nt of Exempt	Purposes		
Line	No. Explain below how each activity for which income	s reported in co	lumn (e) of Part X	VI-A contributed	importantly to the	
	accomplishment of the foundation's exempt purp	oses (other than I	by providing funds	for such purpose	es). (See instructio	ns.)
		*		Months of the second		
	4	<u> </u>	4			
					on Andrewson Adults - Comment of the	
		Anthropy and the Anthropy and the second and the second	***************************************			
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Firm's address

Part	XVII	Information F Exempt Orga	Regarding Trans	fers to and Transaction	ns and Re	elationshi	ps With Non	charitable	Pa	ige 13
1	Did	the organization dire	ectly or indirectly er	gage in any of the following	with any o	ther organiz	ration described	1 1	Yes	No
	in se	ection 501(c) (other	than section 501(c)	(3) organizations) or in sect	ion 527, rel	ating to poli	tical		163	140
	orga	inizations?								
a	Tran	sfers from the repor	rting foundation to a	noncharitable exempt orga	inization of:					
	(1) (Cash						1a(1)		X
	(2)	Other assets						1a(2)	- Parameter State of	X
b		er transactions:		and an annual service of the service						
	(1) 8	Sales of assets to a	noncharitable exen	npt organization ple exempt organization passets		, , , ,		1b(1)		X
	(2)	Portal of facilities	from a noncharitat	exempt organization .						X
	(A) F	Remail of facilities, e	quipment, or other	assets				1b(3)		X
	(5) 1	oans or loan quara	ntees	or fundraising solicitations				1b(4)		X
	(6) F	Performance of servi	ices or membership	or fundraising solicitations s, other assets, or paid empl				1b(5)		X
C	Shar	ing of facilities, equi	ioment, mailing list	s, other assets, or paid empl	OVAGE	AND STATE OF THE PARTY OF THE P		1b(6)		X
d	If the	answer to any of the	above is "Yes." com	plete the following schedule.	Column (h) e	hould alway	e chow the fair m	1c		X
	value	e of the goods, other a	assets, or services di	ven by the reporting foundationt, show in column (d) the value	n If the four	idation recei	und loce than fai	r markat		
(a) Line		(b) Amount involved	(c) Name of nonch	aritable exempt organization			sfers, transactions,		ngemen	ts
			and the street of the street o				The state of the s	Annual Control of the		***************************************
***************************************								Andrew Control of the	***************************************	*****************
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			THE RESIDENCE OF THE PROPERTY				Tribites tradition of the sequence and	And displacements decided as process process process and on the same of the sa		***********
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2a	desc	ribed in section 501	(c) (other than sect	ed with, or related to, one or ion 501(c)(3)) or in section 5	more tax-e	exempt orga	nizations	. Yes	X N	0
b	If "Ye	es," complete the fol	aperturament anggementament alightet formament of this					Personal and an annual		-
*************		(a) Name of organizat	ion	(b) Type of organization		************	(c) Description of	relationship		
	-			to the part of the second of t				PROTOTO PROTOTO SALES SECTION OF THE SALES		
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	Under	penalties of periury, I deplace	that I have examined this retu	m, including accompanying schedules and	statements and	to the best of my	snowledge and helief it	is true		
Sign	correc	ct emocomplete. Declaration o	f preparer (other than taxpayo	r) is based on all information of which prep	arer has any know	vledge.	Berner	AND DESCRIPTION OF STREET PARTY OF STREET	ennessen	Antonio
Here		Telet !	1. tours	12/27/2021 Pr	esident		witt	y the IRS discuss to the preparer show	vn below	17
11016	Sign	nature of officer or trustee		Date Title	COIGOIIL				Yes	
Paid Prepa	rer	Print/Type preparer's na	me	Preparer's signature		Date	Check Self-emplo			
Use O		Firm's name ▶					Firm's EIN ▶			
200 V		Firm's address		. (1) 시민 그리는 바람들은 환경에 다른 경기 없는 것이다.			D			

Phone no.

Part I, Line 23 (990-PF) - Other Expenses

		1,869	0	()
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	INSURANCE	1.855	0		
2	BANK SERVICE CHARGES	14	O	enteres de la confessión de los filos en la constitución de la color de la color de la color de la color de la	

Part II, Line 13 (990-PF) - Investments - Other

			Contract of the Contract of th		-
1,317,346	648,333	649,086	AT COST	1 VANGUARD MUTUAL FUNDS	
End of Year	End of Year	Beg. of Year	Valuation	Asset Description	
FMV	Book Value	Book Value	Basis of		
1,317,346	648,333	649,086			

Part II, Line 22 (990-PF) - Other Liabilities

	1,250	1,250
Description	Beginning Balance	Ending Balance
1 Uncashed check to grantee	1,250	1,250

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

Name if Business Street City State Zip Code Foreign Country See attached list Vaious Various PA 19000	me if Business Street City State Zip Code Foreign Cou	check "X" If Business Various State City State Zip Code Foreign Country Title Various	Check "X" Street City State Zip Code Foreign Country Title Per Week 1:00:	Check "X" If Business Various City State Zip Code Foreign County Title Per Week Yarious 1,00
Check "X" If Business Street Street City State Zip Code Foreign Cou Various PA 19000	Check "X" If Business Various Various	Check "X" Street City State Zip Code Foreign Country Title Per We Various Various PA 19000 Various	Check "X" Street City State Zip Code Foreign Country Title Per Week Various 1.00	Check "X" If Business Street City State Zip Code Foreign Country Title Per Week Various 1,00
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	Title Various	Avg H Per We	Avg Hrs Per Week 1.00	Avg Hrs Per Week 1.00

2020 FORM 990-PF Part XV, Line 3 - Grants and Contributions

Name and Address	Sta	tus]	Purpose	Amount
Norris Square Senior Citizens Center 2121 N. Howard Street Philadelphia, PA 19122	public	charity	food	assistance	7,710.00
Feast of Justice 3101 Tyson Avenue Philadelphia, PA 19149	public	charity	food	assistance	4,500.00
Saint Francis Inn 2441 Kensington Avenue Philadelphia, PA 19125	public	charity	food	assistance	7,710.00
Saint John's Hospice 1221 Race Street Philadelphia, PA 19107	public	charity	food	assistance	7,710.00
Saint Vincent's Soup Kitchen/Face to Face 109 E. Price Street Philadelphia, PA 19144	public	charity	food	assistance	7,710.00
Sherwood Presbyterian Church 5543 Willows Avenue Philadelphia, PA 19143	church		food	assistance	7,710.00
The City School 4115 Baltimore Avenue Philadlephia, PA 19104	public	charity	food	assistance	7,710.00
Whosoever Gospel Mission 101 E. Chelten Avenue Philadelphia, PA 19144	public	charity	food	assistance	7,710.00
					58,470.00

Washington	Veloski J. Peter	Veloski J. Jon	Swarr Jeffrey	Spurdle Cynthia	Shirley E. Roy	Porch R. Bı	Noyes, Esq. Frank	McFarland Howard	Louis, Esq. Robe	Hale Will	Gibb Kenı	Cook, Esq. Dou	Coe Rich	Callahan, M.D. Clara	Bowers John	Last Name	
	ler	ı	еу	hia	оу	R. Brooke	k	ard	Robert H.	William C.	Kenneth L.	Douglas E.	Richard O.	ప	John Dallas		
100 leffords Court #005	709 Sears St.	1649 Brackenville Rd	514 Hilaire Road	149 Colket Lane	7 Weiss Avenue	111 Columbia Avenue	25 Green Valley Road	57 Garlor Drive	129 Royal Ave	20 Hilltop Road	51 Annwood Lane	833 Bluthe Avenue	63 Betts Drive	5 Fox Pond	P.O. Box 8101	Address I	
												P.O. Box 397				Address 2	
2	Philadelphia	Hockessin	St. Davids	Devon	Flourtown	Swarthmore	Wallingford	Havertown	North Wales	Rose Valley	Wayne	Drexel Hill	Washington Crossing	Spring House	Radnor	City	
D A	PA	DE	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	State	
10460	19147	19707	19087	19333	19031	19081	19086	19083	19454	19086	19087	19026	18977	19477	19087	Zip Code	

See Sheet 1 for Contact Information

Client Services: 800-662-2739

Corporation account

Spring Garden Soup Society

Account overview

\$1,361,134.17
Total account value as of October 31, 2021

Year-to-date income

Total	Nontaxable income	Taxable income
•		
\$11,770.10	0.00	\$11,770.10

Balances and holdings for Vanguard funds

Beginning on January 1, 2012, new tax rules on taxable (nonretirement) mutual fund accounts (excluding money market funds) require Vanguard to track cost basis information for shares acquired and subsequently sold, on or after that date. Unless you select another method, sales of Vanguard mutual funds, but not ETFs, will default to the average cost method. For more information, visit vanguard.com/costbasis.

\$1,361,134.17		648,332.84				
82,595.94	77,920.34	59,162.94	61.62	0573-88016428627	Windsor II Fund Adm	XANWY
266,496.23	248,415.84	62,460.95	46.95	0523-88016428627	U.S. Growth Fund Admiral	VWUAX
479,731.54	449,496.18	141,611.26	34.05	0585-88016428627	Total Stock Wkt ldx Adm	VTSAX
200,731.92	195,555.45	181,490.00	31.55	0569-88016428627	Tot Intl Stock Ix Admiral	VTIAX
50,889.52	48,490.84	26,011.46	23.64	0114-88016428627	Strategic Equity Fund	VSEQX
66,987.54	64,078.49	26,934.38	30.55	5860-88016428627	Small-Cap Val Idx Admiral	VSIAX
51,745.11	52,078.64	50,481.86	10.59	0539-88016428627	Short-Term Invest-Gr Adm	VFSUX
59,214.13	55,308.68	42,982.28	112.15	5123-88016428627	Real Estate Index Admiral	VGSLX
58,954.04	59,422.39	57,197.71	9.77	0571-88016428627	Inter-Term Invest-Gr Adm	VFIDX
\$43,788.20	\$43,600.63			0033-88016428627	Federal Money Mkt Fund	VMPXX
10/31/2021	09/30/2021	Total cost	Average price per share	Fund and account	Name	Symbol

Annual Report of The Treasurer Spring Garden Soup Society

Konnoth Cibh Tracenor	Respectfully submitted.	VC COR RAD	Balance of Income Account on October 31 5.224.34	Total Expenditures \$60,339.00	Sub-Total General Expenses \$1,869.00	return prep.) 0.00	ax) 0.00	Ball	14.00	e 1,855.00		Luncheons (November & May Meetings) 0.00	Sub-Total Cash to Charitable Organizations \$58,470.00 GENERAL EXPENSES	Feast of Justice 4,500.00	enior Citizens Center 7,710.00	7,710.00	y School 7,710.00		0.00	7,710.00	0.00		DISTRIBUTION FOR ASSISTANCE	\$65,563,34	Total Income <u>58.233.66</u>	Oner 0.00	ard - Dividends	Transfer 50,000.00	4,200.00		Dues Collected 0.00
			The second of th			0.00	1,203.00	542.00	14.00	1,840.00	0.00	894.24		0.00	6,510.00	6,510.00	4,905.00	6,510.00	6.510.00	6.510.00	3.500.00	6,510.00				35.68	0.00	50,000.00	2,625.00	0.00	40,100.04
A STATE OF S	76.767.004	¢65 707 00	7.329.68	\$58,468.24	\$4,493,24						Alle de proprieta de la contraction de la contra		\$53,975.00						and the second s		deployed a series of the property and specifical and series of the serie		es deservations and deservations and deservations and deservations and deservations and deservations and deservations are deservations and deservations and deservations are deservations and deservations are deservations and deservations are des	\$65,797.92	56,399.60			of a series with the first of the contract of			
The same of the sa						0.00	661.00	158.00	20.00	1,850.00	0.00	2.108.59		0.00	4,300.00	4,300.00	4,300.00	4,300.00	4.300.00	4 300.00	4 300 00	4,300.00	and the second s			333.76	0.00	35,500.00	3,400.00	0.00	
	16.GR2.GC	\$55 OOF OA	9,398.32	\$46,497.59	\$4,797.59					general management of the second of the seco			\$41,700.00			regular (et al. et al. et et al. et al					(Administration of the control of th		And the state of t	\$55.895.91	43,199.36						
						0.00	1,006.00	0.00	20.00	1,825.00	0.00	1.896.05		0.00	4,000.00	4,000.00	5,311.00	4,000.00	4.000.00	4 000 00	4,000.00	4,000.00				692.30	31.76	40,000.00	4,164.40	0.00	A JUST X
	354,/54.60	\$EA 7EA 60	12,696.55	\$42,058.05	\$4,747.05								\$37,311.00		A CANADA CONTRACTOR CO	 S. Seller, Company of the company of t			And the second content is not in the last of the second content of		Appendix of the control of the contr			\$54,754.60	48,484.26		All influences representations of special sections the decision of all the sections and a section of the sectio				
						0.00	657.00	0.00	14.00	1,825.00	0.00	1.546.14		0.00	4,000.00	4,000.00	4,000.00	4,000.00	4.000.00	4 000 00	4,000.00	4,000.00				13.00	4,688.34	30,000.00	3,150.00	5.00	2 1/0 (2)
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						449.32	657.00	670.00	16.00	1.825.00	0.00	1 774 23		0.00	4,000.00	4,000.00	4,000.00	4.000.00	4 000 00	4 000 00	4,000.00	4,000.00				0.00	619.31	28,000.00	3,300.00	10.00	62 724 40
	\$45,698,69	***	4,307.14	\$41,391.55	\$5,391.55								\$36,000.00					and the second s						\$45,698,69	35,663.41						

Form 8453-EO

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2020, or tax year beginning 11/1 , 2020, and ending 10/31 , 20 21

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868

Go to www.irs.gov/Form8453EO for the latest information. Name of exempt organization Taxpayer identification number SPRING GARDEN SOUP SOCIETY 23-2838394 Type of Return and Return Information (Whole Dollars Only) Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b 2a Form 990-EZ check here Total revenue, if any (Form 990-EZ, line 9) 0 3a Form 1120-POL check here b 0 4a Form 990-PF check here X b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . 451 5a Form 8868 check here b 0 6a Form 990-T check here 0 7a Form 4720 check here 0 Part II **Declaration of Officer or Person Subject to Tax** I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies). Under penalties of perjury, I declare that X I am an officer of the above named organization or I am the person subject to tax with respect to (name of organization) SPRING GARDEN SOUP SOCIETY and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. Sign 12/27/2021 President Here Date Title, if applicable Signature of officer or person subject to tax Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) Part III I declare that I have reviewed the above return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. ERO's SSN or PTIN Date Check if P01476654 12/27/2021 ERO's signature preparer employed 23-2744542 Use Douglas E. Cook yours if self-employed), 833 Blythe Ave., Drexel Hill, PA 19026 Phone no. (610) 284-9944 address, and ZIP code Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Preparer's signature

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Print/Type preparer's name

Firm's name

Paid

Preparer

Use Only

Form 8453-EO (2020)

PTIN

Check if

employed

Phone no

Firm's EIN

Date